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ABSTRACT

Reported are the proceedings of a 3-day institute on the management and supervision of programs for speech and hearing handicapped children operated by New York State Boards of Cooperative Educational Services (BOCES); included are four papers presented at the institute. Listed are institute participants, goals, and agenda. Noted in the overview is development by institute participants of model speech programs. Papers focus on the following topics: financial and legal aspects of BOCES and school districts; administrative view of supervision; delivery and accountability for school language, speech, and hearing services; and the university's role in public school supervision and administrational personnel. Four group sessions are seen to have focused on identification of administrative problems, essential parts of an organizational model, and development and finalization of the models. Three institute-developed models are described in terms of student population base, job qualifications, tasks involved in position, decision making process, administrative structure and accountability, budget, and time line. Also given are the evaluation form completed by institute participants and a listing of administrative, consultative, and program development responsibilities. (DB)

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DIVISION FOR HANDICAPPED CHILDREN
BUREAU FOR PHYSICALLY HANDICAPPED

in cooperation with

THE BOARD OF COOPERATIVE EDUCATIONAL SERVICES
FIRST SUPERVISORY DISTRICT OF MONROE COUNTY

presents

Management And Supervision of Programs For Speech and Hearing Handicapped

May 17, 18, 19, 1973

Syracuse, New York

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First Supervisory District of Monroe County

Mr. Kenneth F. Harris, *District Superintendent*

A SPECIAL STUDY INSTITUTE

MANAGEMENT AND SUPERVISION OF PROGRAMS FOR SPEECH AND HEARING HANDICAPPED

hosted by

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DIVISION OF SPECIAL EDUCATION
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GOALS

Dr. Beatrice Jacoby clearly stated the objectives of the Special Study Institute in her letter of invitation to supervisors of programs for speech, hearing or language handicapped children in public schools of New York State, and to other administrative personnel concerned with such programs:

> *"The Institute's program will feature lectures and group sessions devoted to the development of models for the administration of programs for speech hearing and language services for speech handicapped children attending local district public schools, nonpublic schools and programs operated by Boards of Cooperative Educational Services.*
>
> *It is our desire to enable the participants to interact with each other."*

In working toward these objectives, our three-day program was devised with interaction through group process sequenced with pertinent input from invited guest speakers. Dr. Charles Walker, who was a member of our planning committee, gave invaluable assistance in arranging this phase of our program.

PROGRAM IMPLEMENTATION

MAY 17, 1973

5:00 Registration - Lawrinson Hall, Syracuse University

7:30 Welcoming Speeches
Dr. Beatrice Jacoby
Dr. Edward Conture

8:00 Group Session I

MAY 18, 1973

9:00 Dr. Beatrice Jacoby - Summary of Session I - Rm. 106, Gordon D. Hoople Building

9:30 Mr. J. Ronald Buschmeyer
"Financial and Legal Aspects of BOCES and School Districts"

10:45 Group Session 2

11:40 Mr. Kenneth F. Harris
"Supervision - An Administrative View"

1:30 Report back, Session 2
Room 106, Hoople Building

2:00 Mrs. Elizabeth Johns
"Delivery and Accountability for School Language, Speech and Hearing Services"

3:15 Group Session 3

MAY 19, 1973

9:00 Distribution of Materials:
Certification requirements for Administrative and Supervisory Service –
Room 106, Hoople Building

9:15 Dr. Edward Conture
"Public School Supervision and Administrational Personnel - The University's Role"

10:30 Group Session 4

12:15 Lunch

1:00 Models reported back to total group

Dr. Jacoby - Summary

OVERVIEW

Although it is difficult to recapture the tone, the give and take, the open atmosphere of this Study Institute, we will attempt in this documentation, to move through the program as it was designed. The unfailing assistance of our three group leaders led their groups with quiet persistence toward the set goals.

GROUP LEADERS BOCES #1, MONROE COUNTY

Mary Ann O'Brien, Teacher of the Speech and Hearing Handicapped

Janet Torrens, Treasurer and Business Manager

Barbara Wermuth, Teacher of the Speech and Hearing Handicapped

Syracuse University graciously hosted this group. After dinner the first evening we were welcomed by Dr. Edward Conture representing the Area of Audiology and Speech Pathology, Division of Special Education, Syracuse University, and by Dr. Beatrice Jacoby on behalf of the State Department of Education, Bureau for Physically Handicapped Children. Dr. Jacoby then gave us the following over-view of the Institute:

On behalf of the State Department of Education and the Bureau for Handicapped Children, I would like to welcome all of you to the Special Study Institute on Supervision.

You may wonder why you were invited to participate in this Special Study Institute. We think you represent special expertise and that you are in a position to help us improve supervisory programs in the State. The group of supervisory personnel from New York City was not included in this particular Institute only because the organization of their school system is unique and unlike that of any other district in the State. And New York City already has a supervisory program but this particular model would not be suitable for the rest of the State in terms of size, arrangements nor funding. Participation in this Institute was limited to the active supervisory personnel throughout the rest of New York State. In limiting group size, we hope to encourage the directly involved people to accomplish the most creative work.

I hope that out of this meeting will come tentative, organizational models that could be attractive to school districts and Boards of Cooperative Educational Services; that would meet our priorities in the field; and that would work out well. I think that not only do you represent a wide variety of speech correction programs but that the experience of each of you in your job settings is very different from that of the person sitting next to you. Also, you have all experienced the frustrations involved with some aspects of supervision.

One of my assignments when I first came to Albany was to write guidelines for school speech clinicians. I have not carried that assignment to completion as yet, although I was given the assignment the first day I arrived. By the second day, hundreds of other tasks were given to me that everyone thought more important, or that I thought were more important. Some of you who have been around for awhile know that a number of years ago the Bureau published a little green sheet, that had printed matter on each side of the page and it was listed as guidelines. Over the years, these guidelines were twice revised. Both revisions involved size of case load. Originally, the maximum number of children to be scheduled was 150. Then a momentous change was made. Case load maximum was lowered to 125 pupils. The most recent change stated the maximum case load should be 100. The guidelines recommend that the minimum number of sessions that each clinician ought to work with a student is twice a week. Sample schedule designs based on twice-a-week meetings were included.

As I go about the State, my own feeling is that there are very few people who are paying attention to those guidelines. They only pay attention to them when they want something from the administrator that they don't think they can get any other way. And the administrators pay attention to them when they want their

speech teachers to do something they are not doing. Now, this doesn't mean that some day we won't have guidelines but when we do they aren't going to come from the top down. They are in process and they will evolve from input from meetings such as these and hopefully will reflect the best possible practices. They will contain policy guidelines that will encourage school districts to give appropriate service to all children with communication disorders that interfere with the educational process.

Supervision isn't a new idea. It is generally accepted in the field of education. We have directors of special education, supervisors of programs for the retarded, directors of pupil personnel and a host of other administration specialists. Speech and hearing clinicians usually work under supervisors of Pupil Personnel or Special Education. We have relatively few speech supervisors in New York State. I have a very strong feeling that speech clinicians would be greatly helped if their administrators understood their particular problems and had the special knowledge needed to resolve them. This in turn would enable speech staffs to concentrate their efforts on the children with communication handicaps.

We invited you here to give us input into the development of practical models for supervision and administration of speech programs. We expect you to be creative and to design four model programs.

I think we need supervision, I hope you think so too.

Dr. Beatrice Jacoby

GROUP SESSION 1

The task of the first group session was "Identification". We were given an opportunity to become acquainted and explore in an intitial way the following questions:

Question 1. Describe your role as a supervisor.
- a. What area(s) covered?
- b. Who is involved?
- c. What is the administrative structure under which you work?

Question 2. Describe the commonalities discovered under Question 1 as they could relate to school speech, hearing, language programs.

Question 3. What kinds of supervision would enhance the effectiveness of school speech, hearing, language programs across New York State?

Using a group build-up process, question 1 was considered by each person with his immediate neighbor. At the end of a specified period, question 2 was discussed by each of the two neighbors, joined by an adjacent pair. The last question was discussed for a 45-minute period by the four people, plus again, the adjacent four. Results were then briefly reported to the total group.

Some commonalities included:

a. constraints of budget

b. red tape involved in a bureaucratic chain of command

c. need to develop supervisory skills to facilitate behavioral change and accomplish program re-evaluation

d. administrators who were unfamiliar with child and program needs in this field of speech, language and hearing.

Lack of specific supervisors for speech, language and hearing programs gave rise to this last item, a major concern of all groups. It is indeed difficult for individual clinicians to so influence a school district in the pursuit of program excellence if speech clinicians are directly responsible to an administrator who has neither experiential nor educational background in the field. Dr. Conture made this point when speaking to us.

> *"The rather abrupt end of such dialogue and supervision when the clinician graduates deprives the clinician of interaction with the only type of individual who truly understands her field; a trained speech and hearing professional."*

The majority of participants agreed that their administrative structure was similar to the following:

Board of Education
Superintendent
Director or Assistant Superintendent of either Pupil Personnel or of Special Services
Supervisor or Coordinator of Speech & Hearing Program
Clinicians (Speech, Hearing, Language)

There was further agreement that the concept of a supervisor as serving the teacher, rather than appearing as an authority figure would increase the effectiveness of supervision.

"THE MANAGEMENT AND OPERATION OF A B.O.C.E.S."

J. Ronald Buschmeyer

It is my understanding that the purpose and goal of this institute is to develop a number of models for the administration of programs for speech, hearing and language services for speech handicapped children attending public and non-public schools. As we proceed through the next two days, an attempt will be made to exhaust all possibilities and to develop possible models as a result of our deliberations. One of the options will obviously include the Board of Cooperative Educational Services (BOCES). My role today is to acquaint you as best I can with the Management and Operation of a BOCES.

BACKGROUND

The authority for the establishment of the BOCES is found in Section 1958 of the Education Laws of New York State. BOCES was originally established as an interim step pending the creation of the Intermediate School District. Co-op boards across the state were established and developed during the years between 1948 and 1967. In 1967 further legislation allowed BOCES, through public referendum, to construct and eventually own buildings, for educational purposes. The construction and financing is to be accomplished through a state agency known as the New York State Dormitory Authority. There are currently 47 BOCES blanketing the State of New York with the exception of 18 eligible school districts plus the big five cities and the City of New York. These include:

ELIGIBLE FOR BOCES (18)

Mount Vernon	Lackawanna
New Rochelle	Amsterdam
Port Chester	Ilion
White Plains	Newburgh
Bronxville	Niagara Falls
Mamaroneck	Hoosick Falls
Green Island	Troy
Watervliet	Fallsburgh
Jamestown	Utica

NOT ELIGIBLE FOR BOCES (6)

Albany	Syracuse
Buffalo	New York
Rochester	Yonkers

Members of a BOCES are referred to as component and non-member districts are referred to as non-component districts.

BOCES MANAGEMENT

A BOCES is a Board of Education consisting of 5, 7 or 9 members. These members are elected to the BOCES at their annual meeting by the boards of education of the component school districts, and serve for a term of five years. Among the powers and duties of a BOCES is the appointment of a District Superintendent of Schools who serves as both the executive officer of the BOCES as well as a field representative and employee of the State Education Department. In addition, a BOCES has the power, upon recommendation of the District Superintendent, to employ other administrative personnel as may be necessary to carry out and to manage its programs.

PURPOSES

Other main purposes of a BOCES are:

1. To operate the supervisory district educational program and to prepare a budget to finance that program.
2. To make available on request cooperative part-time educational services to school districts too small to employ full-time teachers in certain educational areas.
3. To make available on request, under certain conditions, cooperative part-time educational services supplemental to local staff to provide adequate staffing and services.

4. To coordinate and administer surveys and research projects to determine the need for cooperative services and the manner of improvement of educational opportunities in supervisory districts.
5. To introduce new cooperative service to meet the needs determined from surveys and studies.
6. To develop and operate area programs in vocational and technical education.
7. To assist in the development, coordination and operation of area programs for the physically handicapped and mentally retarded.
8. To provide means of communication between and among teachers, administrators and boards of education to the end that educational practices be improved.
9. To provide administrative and supervisory service on an area-wide basis as a responsibility of the supervisory district program to improve the quality of education in the schools of the supervisory district.

It would appear that the authority for BOCES to become involved with providing programs for children with a speech and/or hearing handicap can be found within a number of these main purposes. We have to understand, however, that there are a number of constraints that a BOCES must work within/or around.

The State Education Department has established general principles governing a BOCES. These principles, as recently published by the State Education Department Bureau of School District Organization are as follows:

1. BOCES is to be considered as an arm of the local school district; to supplement the local district; to perform primarily in a service and advisory capacity in relation to component districts.
2. Any activity operated by a BOCES will be expected to meet all of the current requirements of the Education Law, Commissioner's Regulations and recognized standards of practice that would be applicable to a school district operating a similar activity, unless the BOCES is specifically excepted.
3. Component districts (users) should be directly involved in the planning and decision making leading to the establishment of shared service programs. A new service should be initiated on the basis of established need, after component districts have indicated interest in, acceptance of and commitment to support the service.
4. Shared programs and services should not be provided when they duplicate, overlap or de-emphasize responsibility which properly belongs to the local school district. A board of cooperative educational services should undertake or assume only those services or responsibilities which the individual component districts cannot do better themselves.
5. Cooperative programs and services should be provided only in situations where there is no unwarranted duplication of state aid.
6. A shared program or service should not be provided when such would infringe on the responsibilities which should be exercised by local district authorities.
7. Shared itinerant classroom teachers should be provided only to school districts which are adequately organized.
8. New services, programs and administrative functions should be initiated only when adequate and competent personnel can be employed and satisfactory arrangements secured in order to insure the success of the activity.

In addition a BOCES makes annual application to the Commissioner of Education for approval of services it intends to provide the component school districts in the following year. The formation and development of the application begins at the local district and BOCES level. Perhaps the most important criteria for the establishment of a BOCES service is the fact that it will be shared by two or more school districts. Each service is reviewed annually by the Bureau of School District Organization as well as other appropriate Department units to determine which service may be continued. (e.g. Division for Handicapped Children). The Commissioner of Education returns the BOCES applications unapproved, approved without aid, or approved with aid. Districts are then notified and contract for the service with the BOCES if they so desire.

This process is accomplished in accordance with the following timetable:

BOCES OPERATING CALENDAR

(*Legal Requirements)

*February 1	–	School districts file requests for service.
*February 15	–	Board of Cooperative Educational Services files request for services with Commissioner of Education.

*March 15	–	Board of Cooperative Educational Services notified of approved services; district superintendent notifies schools.
*April 1	–	Schools notify Board of Cooperative Educational Services of intent to participate in services.
*April 1-10	–	Board of Cooperative Educational Services annual meeting and budget hearing.
April 11-20	–	Board of Cooperative Educational Services notifies schools of tentative contract costs for services, in writing.
April 20 - May 5	–	Schools notify Board of Cooperative Educational Services of firm commitments to participate in programs, in writing.
*May 15	–	BOCES budget adopted.

ACCOUNTABILITY

It is quite evident therefore that a BOCES is at least annually accountable to many knowledgeable people, departments and bodies. These include the Superintendents of Schools, Boards of Education, The Bureau of School District Organization, and other appropriate departments within the State Education Department. In my opinion the BOCES is one of the more accountable organizations in the State of New York today.

FINANCING

Over the years, I have found, that people have the mistaken concept that BOCES either operates with state money or has a bottomless source of revenue to finance its programs. Let me take a moment to clarify this point.

First – BOCES has no money of its own nor the taxing authority to raise it.

Secondly – State aid is actually earned by the district and either paid through the BOCES to that district or credited to their BOCES bill for services. State aid is received on a current basis for facility costs and one year later on Administrative and Service costs.

Hence, the BOCES is financed through service charges to the component and non-component districts it provides services for in accordance to the district's requests. The only mandated charge to component districts is Administration which includes the general overall Administration of the BOCES programs. By law, Administrative costs are allocated to districts in one of two methods. These are on a percentage basis and have to do with:

A. The relationship of the district's true valuation as it relates to the total true valuation of all component districts, or

B. The relationship of the district's R.W.A.D.A. (resident average daily attendance) as it relates to the total R.W.A.D.A. of the component districts.

All services charges are optional on the part of each and every district. The unit costs for services charges are developed cooperatively by the BOCES, Chief School Administrators, study committees, component boards or any combination thereof. Some of the many options are charges per:

1. R.W.A.D.A.
2. Student
3. Day
4. Unit
5. Application
6. District
7. Hour
8. Year
9. Enrolled Student
10. Course

Once the Administrative costs and services requested are determined, annual contracts are drawn, approved by both the local district board and the BOCES board and forwarded to Albany for their approval. The contract is approved either in total or with particular items approved without aid and becomes the basis for the state aid process for the individual districts.

SUMMARY

To summarize, I have attempted to give you some understanding of the management and operation of a BOCES. The major areas covered include some background, the management structure, purposes, operating principles, operating calendar, and financing. In closing, let me emphasize the fact that the BOCES is a body corporate whose primary function is to provide support services to school districts in anticipation that a better educational program can be provided for the district students as well as the geographic region. Although the leadership of a BOCES is an important factor, the success or failure of a BOCES rests largely with the support it is given by the local district boards of education, staff and – last, but by no means least – the students.

GROUP SESSION 2

The task for Group session 2 was to delineate the component parts of any model of supervision that might be developed. Each of three groups listed some 15-20 factors they considered essential parts of any supervisory model. Commonalities were extracted and combined into the following items:

a. the student population base that would vary with each model

b. qualifications for the position of supervisor of speech, language and hearing programs

c. the tasks that would be involved in this position

d. decision making process involved in each model

e. administrative structure – accountability

f. budget

g. time line for implementation

The following quotes are relevant thoughts; excerpts from

SUPERVISION – AN ADMINISTRATIVE VIEW

Kenneth F. Harris

Is our planning for supervision geared to support the notion that every child deserves a good year?

Do we have a committment to being better child advocates?

Do we have a sense of worth? A sense that these things we're involved with will turn out well – are worth our concern?

A prime and on-going responsibility for supervision should be to constantly redefine the program and, with staff, to articulate what "bothers" relative to our youngsters and their individual program needs. Determine that "this will help; this will not". A supervisor must help staff complete each year with a better perception of what kids are all about – what learning is all about.

A supervisor must be articulate in explaining the service to the Superintendent, the Board of Education and the community. As these groups become more knowledgeable they will be more positive about the speech, hearing and language program.

A supervisor must plan creatively not primarily for the needs of the system, but primarily to help boys and girls succeed. Supervision first encourages a teacher to want to do and then helps the teacher succeed.

DELIVERY AND ACCOUNTABILITY OF SERVICES

Elizabeth L. Johns

In these critical times of emphasis on accountability and finances, language, speech and hearing clinicians must take a close, critical look at themselves, services rendered and how the effectiveness of these services is viewed by other professions, children, parents and the community. It is time that we deal with what is real and not smugly remain confident in preconceived notions we have about ourselves and the work we do.

When clinicians in the schools are asked concerning their programs, services, and job performance, one is apt to get the usual kind of response, "I have too many children on my caseload." "I need more time in the schools." "I need more planning time." "We need more materials and/or equipment." "With all the other school activities I have a hard time getting to the students." "We need more staff," etc., etc. However, even with all these complaints, it is the rare clinician who does not readily admit that he or she is generally pleased with what he is doing or the progress of the children. There is a prevailing feeling of confidence – and this is good.

The big question to me was "Do the other school professions really understand our role as speech, hearing and language clinicians?"

In order to become accountable, one must closely evalute the present operation whether it is on a program level or the performance of the individual clinician. It helps to write it all down and discuss and rediscuss. The staff as a unit needs to evaluate the total program and their individual programs. There is a need for many individual conferences.

Evaluation of all data, programs, personnel, time allocations for each school, pupil contacts, number of professional contacts, certification, continuing education, staff development, community contacts, etc. are of utmost importance.

In deciding on objectives for a public school language, speech and hearing program, there are a number of very important considerations, e.g.:

1. State law and philosophy
2. Size of school district and population to be served
3. Philosophy, program attitudes, and projected direction of the school district
4. Whether a district is in a rural or an urban setting and how the district is changing
5. How long the program has been in operation
6. Staff in speech and hearing (Certification) State/National
7. Other staff and/or services available to the program
8. Diagnostic facilities available
9. How direct services can best be offered to children
10. Community awareness

As supervisors we must be well acquainted with such management functions as:

Motivating
Communicating
Decision making
Problem solving
Problem finding
Planning

Also, we must be very aware of basic goals:

Leadership
Communication
Cooperation and Competition
Cohesiveness
Productivity
Satisfaction

There is currently a move into "action" research. This varies somewhat from our own research models and involves the following:

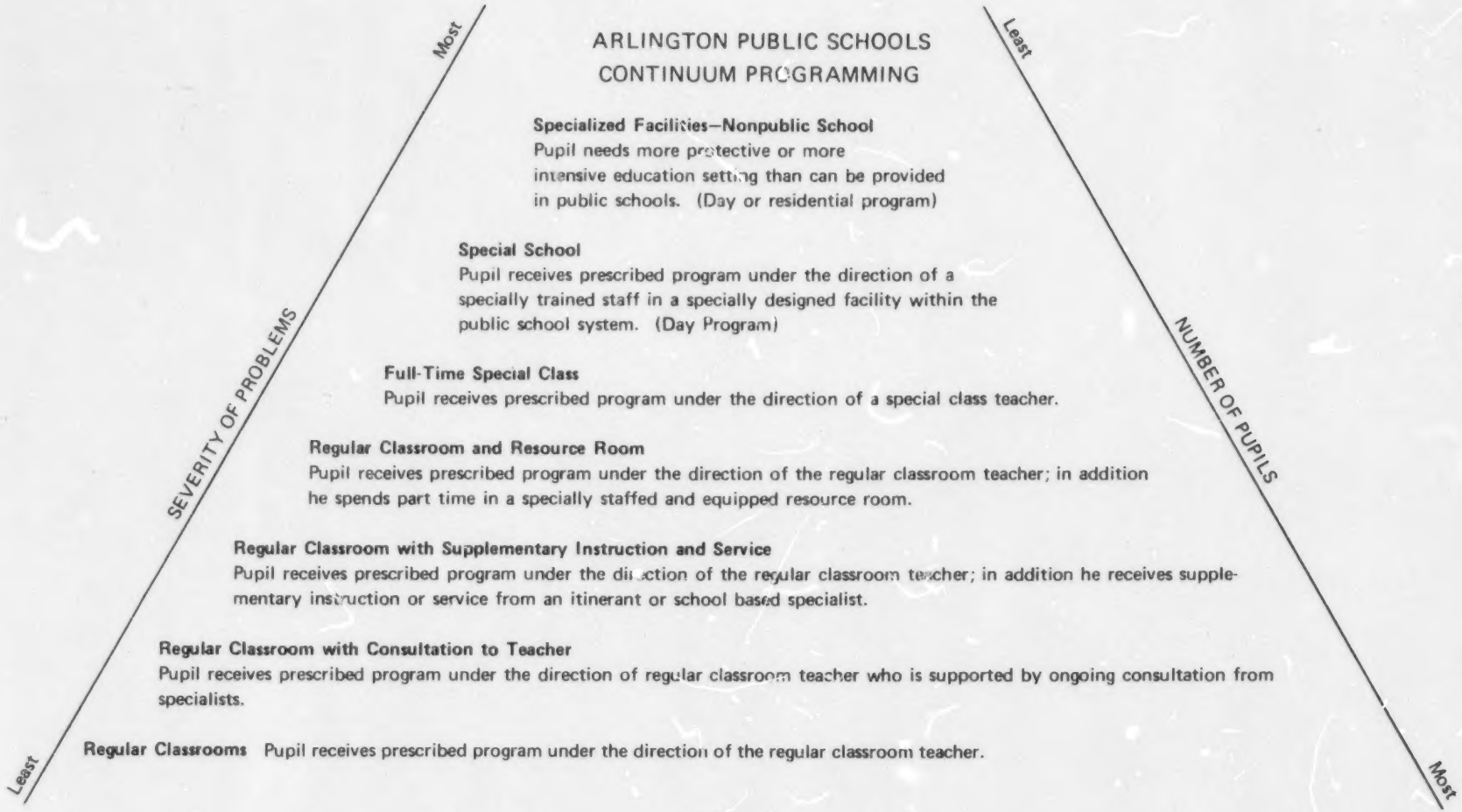
1. The quality of relationships
2. Degree of confidence
3. Degree of involvement
4. Degree of interest
5. Degree of motivation

In New York State the focus of services is basically a Communication Disorders Program. We can perform, and should perform, a necessary, unique function in the total school program, and all of us need to daily evaluate our unique responsibilities as speech and hearing professionals.

THE CONTINUUM OF SPEECH, HEARING, AND LANGUAGE SERVICES FOR CHILDREN AND YOUTH: ROLES OF SCHOOL–CLINICAL PERSONNEL

SERVICES	COMMUNICATION DEVELOPMENT PROGRAM	COMMUNICATION DEVIATIONS PROGRAM	COMMUNICATION DISORDERS PROGRAM
Population served	The general population	Individuals with verbal deviations of some consequence: not defined as handicapping communicative disorders.	Individuals with handicapping disorders of communication.
Role of Clinician	Planning, promotion consultation, and demonstration with professional and supportive personnel	Identification, diagnosis, organization, consultation, supervision of supportive personnel. Occasional direct role in modification, correction and follow-up.	Diagnosis and program management including direct scheduling, referral, counseling, modification, and dismissal.
Nature of Service	A prevention-oriented program providing strong speech and language models and sequenced curricular activities emphasizing listening skills, cognitive and expressive competencies, understanding and protection of the hearing and speech mechanism, and self-confidence to help children develop appropriate communicative behaviors in social, educational and cultural contexts.	A program providing services which include hearing and speech screening and speech and language improvement. Generally involving stimulation, behavior modification, correction and follow-up for groups of children with verbal deviations.	A program including comprehensive diagnostics and intensive individual and/or small group behavior management utilizing modern research technology and clinical practices to effect positive change in behavior for children with handicapping disorders of communication.
Program Model	Regular classroom, large groups, Itinerant or building based.	Regular classroom, large groups, small groups, itinerant, block, or building based.	Individual or small groups, intensive cycling, special resource room or special full-time small group classroom, single building based.
Other Participants (Most Common)	Parents, teachers, elementary counselors, health and science personnel, teacher aides, supportive personnel	Parents, teachers, supportive personnel, educational and psychological examiners, audiologists, nurses, physicians	Physicians, psychiatrists, audiologists, psychologists, dentists, social workers, counselors, nurses, occupational and physical therapists, regular and Special teachers, parents.

ARLINGTON PUBLIC SCHOOLS
CONTINUUM PROGRAMMING



Specialized Facilities—Nonpublic School
Pupil needs more protective or more intensive education setting than can be provided in public schools. (Day or residential program)

Special School
Pupil receives prescribed program under the direction of a specially trained staff in a specially designed facility within the public school system. (Day Program)

Full-Time Special Class
Pupil receives prescribed program under the direction of a special class teacher.

Regular Classroom and Resource Room
Pupil receives prescribed program under the direction of the regular classroom teacher; in addition he spends part time in a specially staffed and equipped resource room.

Regular Classroom with Supplementary Instruction and Service
Pupil receives prescribed program under the direction of the regular classroom teacher; in addition he receives supplementary instruction or service from an itinerant or school based specialist.

Regular Classroom with Consultation to Teacher
Pupil receives prescribed program under the direction of regular classroom teacher who is supported by ongoing consultation from specialists.

Regular Classrooms Pupil receives prescribed program under the direction of the regular classroom teacher.

A big question that we must face is "Do we have to remain innovative for survival?" This supervisor maintains that we do; however, innovation takes many forms, for what is innovative in one school district is oldhat and stale in another. We must keep our program in the mainstream and current. Most important, we must identify the communication needs and meet them. We must be able to project needs. We must effectively deal with the present situation, but always be looking ahead – to the next week, the next month, the next year. For if we become too satisfied with the present as individual clinicians and as program leaders, we may find ourselves in great difficulty. This is a real issue that we can in no way understate. The number of programs in difficulty throughout the country confirm this state of affairs for speech and hearing. In most areas there is no expansion in our field and many programs are being drastically reduced or eliminated.

In maintaining an effective continuum of services there are four areas that must be considered (1) Leadership (2) Training (3) Professionalism and (4) Community.

Leadership – Too often the charisma attached to a "successful" program fades when the leader leaves. One Eastern School District stipulates that its Speech and Hearing Supervisory position must have a national reputation – this may be good or bad. A good "innovative" supervisor gets many people involved in the decision making process, but in so doing she must get a commitment to constantly re-evaluate and revise the existing structure. This type of supervisor also provides alternatives in programming; the objective being to meet the needs of most of the students with communicative handicaps. An innovative supervisor or clinician is not afraid to "rock-the-boat."

Training – A major complaint we hear in our profession, particularly where the public schools are concerned, is that our training programs know little about schools today and really stress clinical or hospital work. In some states, however, certification requirements clearly state that school clinicians must have a practice teaching experience in the schools before full certification can be obtained. On the local level, an intensive push must be made for inservice workshops, staff development and continuing education. State departments of education have a real chance to aid in the development of "current" graduate training programs. The individual clinician must maintain an "open mind" and carefully plan desired learner outputs in the speech and hearing therapy programs.

Professionalism – In Language, Speech and Hearing programs the staff should never reach a point of complete satisfaction with the program or themselves. Looking at the other side of the coin, we must also stop all the negative talk about each other and our critical analysis of other programs.

Community – Citizen Advisory groups, parents, and good press are essential to maintaining our programs. Never ignore parent power. It is important to assess our contacts with parents. Nothing makes a parent happier than to see his child blossom. When a child does well let the parent know, make sure that the calls or conferences are not always concerned with more diagnosis or poor progress.

To be truly accountable, public school speech and hearing personnel must provide for ongoing constant recycling of their efforts if they are to remain a viable force in school programs.

PUBLIC SCHOOL SUPERVISION AND ADMINISTRATIONAL PERSONNEL: THE UNIVERSITY'S ROLE

Edward G. Conture, Ph.D.

Traditionally, the members of the University have been primarily concerned with theoretical issues. Very often, people, from within as well as without the University, have disparaged such concerns as being too esoteric, too much "ivorytower," "not practical," and so on. With out specifically responding to such charges, it suffices to say that the past decade has witnessed the increasing involvement of academic personnel in a wide variety of "practical" problems, e.g., racial and social equality, ecology, etc. It therefore, seems most appropriate that the site of our Conference is located within the confines of an academic institution. I make this statement for two reasons:

1) the University can serve as a means by which the ideal and the real may be juxtaposed; for example, our professional objectives will be approximated when we are able to decide what we ideally want and desire and then square these desires with what is realistically possible;

2) the University, as its members increasingly realize, must become aware of and attempt to clarify its role with regard to such "practical" issues as those that face this Conference: the training of supervisors of speech and hearing programs in the schools.

To begin, I'd like to discuss the past as well as the present role of university programs in the training of speech and hearing professionals.

During the years following World War II, the country began to turn its attention to its own internal domestic and social problems. One off-shoot of such attention was the increasing number of towns and cities that began to see a need for hiring speech and hearing professionals into their public school systems. Attempts to meet the demands of this expanding job market, particularly at the school level, lead to a substantial growth in the number and scope of the country's speech and hearing training programs. The result of such growth was that university training programs have been and continue to be involved with large numbers of students needing course-work, practicum supervision, career guidance, and the like.

In general, the graduates who have left these training programs have been immediately thrust out into the various employment settings with little or no direct supervision. This has been particularly true in the public schools. Even if the school clinician has been fortunate enough to secure a job within reasonable proximity to a college or university training program, there has been little likelihood that she or he would have significant interaction with or supervision from the training program's speech and hearing staff. This lack of interaction stems from the fact that the staff members at the training program are fully occupied attending to their numerous responsibilities within their own training program. In brief then, speech and hearing clinicians once they graduate and enter the school setting, have generally been cut-off from significant interaction with and supervision from trained professional speech and hearing personnel.

Let us briefly look at the effects such professional "isolation" has on the public school speech and hearing clinician and the population that receives her services. First, the relative lack of supervision of public school personnel means that these clinicians do not regularly receive the advice, counsel and criticism of other trained speech and hearing professionals. Without this interaction, it seems unlikely that the clinician can reach his or her full potential for professional growth. The rather abrupt end of such dialogue and supervision when the clinician graduates deprives the clinician of interaction with the only type of individual who truly understands her field: a trained speech and hearing professional. I say only because my basic belief with regard to the growth and development of our field is that we, as a profession, know more about what we do than anyone else does. In light of the paucity of professional interaction that our school clinicians receive, it is no wonder that we frequently hear them comment, "There was no one there to help me."

Secondly, there is the distinct possibility that the lack of supervision causes the busy school clinicians to lose some of their motivation or interest in the field. That is, with little or no reinforcement or interaction from other speech and hearing professionals, the "isolated" clinician may come to develop the feeling that "No one cares." The fact that such reinforcement is needed is generally recognized by people in the business of training students. An instructor can make a good student, no matter how self-motivated the student, perform even better with a little attention to the student's clinical-academic performance. A little reinforcement, when appropriate,

for a job well done goes a long way. Of course, such reinforcement has to come from someone external to the speech and hearing clinician. At present, unfortunately, such external sources are all too often missing when it comes to the supervision of speech and hearing clinicians in the schools.

Thirdly, and by no means least in importance, a well-motivated and properly supervised clinician can adequately and efficiently deliver services to the communicatively handicapped. The goal of most training programs, although each program may use different words to the same effect, is to develop speech and hearing personnel who can recognize in others and acquire within themselves the ability to adequately and efficiently deliver services to people with speech, hearing, and language problems. But, as I previously mentioned, even the best trained clinician or student needs interaction with other professionals from the same area, even if on an intermittent basis. Such professional interaction helps the school clinician keep abreast of the field, become aware of the latest clinical procedures, continue her education, etc. In short, such supervision can help the school clinician deliver services that are the most appropriate, efficient, reliable, and feasible within the confines of the school system. I realize that the preceding discussion describes the ideal supervisor-clinician relation with the ideal benefits being derived from such an ideal relation. However, as I said at the outset, the ideal is what we talk about and strive for. Reality, for those people who manage to keep both feet rooted on terra firma, tempers our goals and realizations of such goals. But this recognition should not keep us from making every attempt to say and do what we believe is best for our profession, ourselves as professionals, and the populations that we service.

Now that I have attempted to develop a rationale for placement of speech and hearing supervisors in the schools, let me attempt to define the general nature of such personnel. Anderson (1972) at Indiana University has stated that such a supervisor should serve at least three functions: an administrator, a consultant, and a program developer. Clearly, the surface has just been scratched with regard to the University's role in the development of individuals who fulfill this troika. The necessity of such training is underscored by the fact that 85% of 211 public school supervisors answered yes when asked if public school supervisors needed special training (Anderson, 1972). The problem, for the training program, boils down to this: 1) What qualities should a person have prior to entering a supervisor-training program and 2) what competencies should you and can you teach such a person in order to make him a competent administrator-supervisor? Actually, if you take out of the last sentence the word "supervisor" and insert the word "clinician," you may say the same thing about training speech and hearing clinicians. This raises the following question: Do we really know, even now with our fairly standardized CCC requirements, how to properly train speech and hearing professionals? What I am trying to say, is that not only has the training of supervisors just begun, but that the training task itself provides us with a formidable challenge. However, it is a challenge that provides us a magnificent potential for considerable professional growth and development.

At this point, before I get into the specification of the training program itself, let me attempt to delineate those professional and personal qualities that I believe supervisors should possess. To begin with, such a delineation depends upon what you are interested in, i.e., those qualities a person should have prior to admitting him into a supervisor-training program or those qualities you would expect them to have after they have graduated from a supervisor-training program. Certainly, there should be a great deal of overlap in the desired qualities of a supervisor-trainee and a trained supervisor. However, it should be emphasized that the college or university training programs have to be concerned with the type of people they admit into their programs as well as the type of people they graduate from their programs. Naturally, the types of students graduating from a training program will be significantly influenced by the types of students who enter the same program. Consequently, any discussion concerned with program development, program goals, and the like must, of necessity, also mention the type of individuals who enter such a program. It has been my experience that clear delineation of the types of students that you want to enter your program goes a long way towards clarifying the nature and goals of your program.

What then are the personal and professional qualities that one would look for in a person entering a supervisor-trainee program? First of all, I believe that such training should begin only after a person has completed or nearly completed all the academic-clinical practicum requirements for the CCC, i.e., an MA degree. I think that the degree and the training it represents are basic requirements for a person who is going to direct, guide, counsel, and instruct other professional personnel. Secondly, and just as important, the person should have obtained or be in the process of obtaining public school work experience. Ideally, the person should have already had the experience and be enrolled full-time in the supervisor training program. On the other hand, the supervisor-training program could be implemented on a part-time or summer-program basis. Whatever the case, the supervisor-trainee should have obtained on-the-job experience in the public schools for at least two very important reasons:

1) public school supervisors have to have a fundamental appreciation for the age group of their public school clients, the types of communicative problems such children demonstrate, the kinds of problems that are unique to the schools, etc.

2) public school supervisors should be interested in a professional career within the public school system.

Both of these reasons, I believe, strongly argue for making such work-experience a pre-requisite to entering into a supervisor-training program. In addition, these work-experience provide an excellent source of letters of recommendations and other forms of personal-professional evaluation relative to the public school setting. The topic of letters of recommendation leads me to a discussion of the means by which one determines who should enter into a supervisor-training program.

At present, college training programs use three types of criteria for selection of student into their graduate programs of speech and hearing. One set of criteria relates to the candidate's scores on such standardized, national examinations as the Grad. Records Exam. or the Miller's Analogies Test. A second type of data is the candidate's course of study and his grade point average over the course of study (the recent advent of Satisfactory (S) and Unsatisfactory (U) ratings plays havoc with such evaluations). A third kind of information used for such selection involves letters of recommendations. The relative weight any training program places on any of these three types of criteria is determined by that program and its own criteria for admission. In general, the person's academic-clinical skills and knowledge are evaluated on the basis of the person's academic record and letters of recommendation. A fourth source of information that I believe to be quite essential in the admission of individuals into a supervisor-training program, is the personal interview. In my opinion, both the letters of recommendation (from both the MA-level training institute and the school system) and the personal interview should reflect an individual who has the ability to:

a) work and think independently
b) problem-solve
c) evaluate his own personal and professional competencies
d) responsibly and dependably perform his or her duties
e) grow professionally

In particular, I believe that it is absolutely necessary that the prospective supervisor have the ability or the potential ability to be self-evaluative and self-corrective. Such an ability is essential because when the supervisor enters the schools, who will supervise the supervisor? Granted, such abilities are difficult to evaluate; however, such abilities are the foundation upon which prospective supervisor's academic-clinical abilities will have to rest. This rather detailed discussion of the criteria that I would use in admitting students into a supervisor-training program reflects the importance I would place on starting any training program with people who have reasonable potential to achieve the goals of that program. The goals and responsibilities of the type of supervisor-administrator that we are discussing are so numerous and the job itself is so new that the beginning supervisors should be as suitable for the job as we can make them.

Let us say that we have been able to acquire some students or trainees who appear reasonably suited to beginning a supervisor-training program. What then? I mean, now that we have established the need for such a program, have interested students in applying, and selected certain of these students to begin such a program, what do we do in this program? What type of courses, seminars, practicum experiences, etc. would we incorporate into such a program? Would the person receive an advanced degree, another MA, or some form of advanced certificate? Where, within rather tight college and university budgets, would the monies come from in order to support the additional personnel necessary to train such administrator-supervisors? Of course, these questions, and the dozens more that we may ask, cannot possibly, be answered at this time. However, let me try to develop a skeleton outline of the type of program that I would recommend to train administration-supervisor personnel in the public school.

The dual role of administrator-supervisor requires that the trainee be given training and experience in everything from business management to interpersonal relationships. Within this broad spectrum of techniques and theory, there are certain areas, e.g., psychometric testing procedures and evaluations, that are relatively easily taught and other areas, e.g., providing constructive criticism, that are less easily taught. The fact that certain areas are more difficult to teach than other areas does not necessarily mean that certain things can't be taught. However, it does suggest, in my opinion, that perhaps the means by which we teach certain topics have to be different from the means by which we teach some other topics. For instances, certain courses in business management might be given in the traditional didactic lecture-hall format. Conversely, developing the supervisor-trainee's ability to effectively communicate with and evaluate the performance of a clinician may entail the supervisor-trainee watching video-tapes of his own clinical-personal interactions in attempts to produce self-confrontation and evaluation. In

short, I'm suggesting that some of the techniques we use to train these supervisor-trainees are going to have to be as new as the jobs these trainees will fill.

Basically, I see the training program for such administration-supervision personnel as consisting of two general areas:

I. **Administration**: Under this area I believe the student-trainee should receive training in business management, special education administration, and management of public schools, etc. This sort of training could be given in the form of coursework, seminars, observation, and assignment to and supervision by experienced, working public school administrators. For students, whose basic training is in speech, language, and hearing, such administration training means that these students, as well as their faculty, are going to have to increase their contacts with schools of Business, Education, and Special Education. Depts. of Communication Disorders will have the responsibility of thoroughly explaining and re-explaining to these other areas the nature of their interest in Administration. Co-operation between University departments is paramount to the development of such an innovative and eclectic program. Of course, such training experience could, to some degree, be directed and administered completely by Depts. of Speech Pathology and Audiology, but this would mean additional personnel and monies. Besides, there are very few people, at present who are specifically trained in or have an interest in administration of speech and hearing programs in the schools.

The second area, for convenience sake, I will call

II. **Supervision**: In this area the supervisor-trainee would have to demonstrate his or her competencies as a clinician as well as an understanding of the clinical process and evaluation. It is this area of supervision the Depts. of Audiology and Speech Pathology are most suitably designed to handle. This does not mean that Depts. of Psychology, Special Education, and Social Work would not be contributory, but that Speech and Hearing Depts. would and should bear the primary responsibility of giving their trainees experience in the evaluation, instruction, etc. of speech and hearing personnel. Goals of this area should include, in my opinion,

1) ability to evaluate speech and hearing clinicians' clinical performances and then constructively criticize such activities;
2) ability to effectively lead and direct and aid the development of a school speech and hearing program;
3) advanced course and seminar work in audiology and speech pathology; along with additional course and seminar work in psychometric procedures, learning disabilities, mental retardation, and other related areas, e.g., reading.
4) extensive use and understanding of audio-visual tape recording and the use of such tape recording in the observation and evaluation of themselves and school clinicians;
5) the development for each supervisor-trainee of an objective means by which to analyze, record and discuss speech and hearing clinician's clinical behaviors;
6) the development of the supervisor-trainee's ability to understand and implement clinical research.

As I've mentioned previously, some of the above abilities would be developed through the traditional means of courses, seminars, observational, and practicum experiences. On the other hand, such abilities as clinical evaluation and interpersonal dynamics and relationships would have to be approached through such vehicles as discussion groups, audiovisual tapings, internships with practicing supervisors, and so on. Such a program, due to its novelty, would, at the beginning, have to remain flexible enough to subtract and add those aspects that were found to be desirable.

Hopefully, my goals and procedures for a training program will be seen as preliminary rather than as definitive and final. I encourage anyone to suggest alternative goals or procedures. In summary, it is important, at this point that we all agree that our field needs supervisors in the public schools. If we can agree on the need for such supervisors, the procedural details of the training of these supervisors can be eventually worked out.

References

Anderson, J.L. Preparation of Supervisors/Coordinators for Speech, Hearing and Language Programs in the Schools. A paper presented to Annual Convention of ASHA, San Francisco, Calif., November, 1972.

GROUP SESSIONS 3 and 4

Group session 3 and 4 were devoted to implementing the skeleton working model that included the seven factors noted earlier.

Statements included in the model developed by the group interested in services provided by Boards of Cooperative Educational Services seemed equally and particularly appropriate as a preface to all the models of supervision.

> *"The State Education Department should develop a position paper supporting adequate programming for speech, hearing and language handicapped children and contribute partial funding necessary to support this programming.*
> *By September, 1973, or as soon thereafter as possible, existing. . . . .programs willing to implement any of the suggested models should be located, and negotiations initiated for a pilot project."*

In discussing the role of supervision, this same group pointed out that:

> *"Leadership time should be spent teaching staff what education and children are all about. The concept of a supervisor as an authority figure should be de-emphasized and the 'service' role developed. A teacher is a person to be served, not supervised."*

MODEL 1

A–STUDENT POPULATION BASE: (Big cities exclusive of New York City)

In city school districts there should be a full time supervisor of programs for handicapped children for speech, hearing and language.

In city school districts where there is a heavy concentration of population there should be provisions for additional supervisory personnel and/or facilitators who are responsible to the supervisor and/or supervisors.

B–JOB QUALIFICATIONS

A speech, language and hearing supervisor must exhibit a personal commitment to children and to adequate programs to meet their needs.

A supervisor should have certification as teacher of the speech and hearing handicapped.

A supervisor should have certification in administration and supervision as proposed by the New York State Department of Education.

A supervisor should have a minimum of 3 years experience as a public school clinician.

C–TASKS INVOLVED IN POSITION

A supervisor should perform administrative, consultative and program development tasks.

A supervisor should be responsible for conducting a comprehensive survey made for the purpose of identifying all communication handicapped school children from the ages of 3 to 21 years.

A supervisor should provide flexible programming opportunities for the delivery of services to children.

A supervisor should actively participate in the recruitment and selection of department staff and make recommendations for termination.

D–DECISION MAKING PROCESS

Seemed to be implicit in the tasks and accountability section.

E–ADMINISTRATIVE STRUCTURE – ACCOUNTABILITY

Supervisors of speech, hearing and language may be in line with or under directors of special education, directors of pupil personnel services or directors of instruction. However, direct lines of communication must be maintained with assistant superintendents, associate superintendents and the superintendent.

Formal and informal alliances should be established between State Department of Education, universities, and school districts to promote quality educational services for all communication-handicapped children.

There should be a feedback evaluative system built into the model which relates to the effectiveness of the program. A data collection system should be established to show effective changes and/or modification in child behavior rather than accumulation of statistics.

F–BUDGET

A supervisor should follow the guidelines of program-planning, budgeting and evaluation in implementing financial considerations for meeting the needs of communication handicapped children.

G–TIME LINE

Was not considered in this particular group.

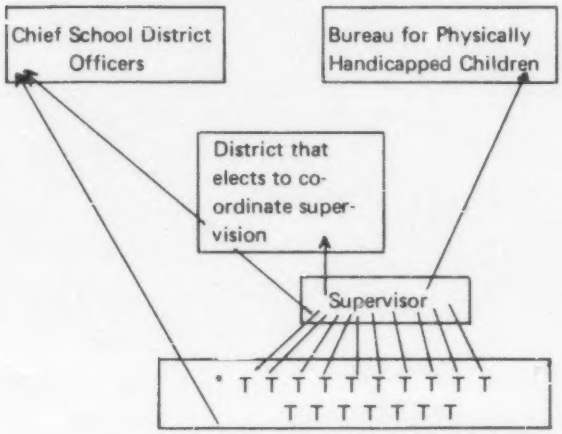
Model 2 was developed by a group of participants whose work environment was in the smaller school districts. Their task was to consider how such a group of small districts (population less than that of the large city districts – Buffalo, Syracuse, Rochester and Yonkers) might form a consortium and participate in sharing supervision for speech, hearing and language programs.

Model 3 was developed by a group of participants whose work environment was in Boards of Cooperative Educational Service, and who are now participating in a shared service concept in the speech, hearing and language programs. However, many BOCES programs in New York State are also without supervision in the speech and hearing services.

The following table notes areas of similarity and differences.

		MODEL 2	MODEL 3
A.	STUDENT POPULATION BASE	Coalition of districts with school population between 2,000 and 30,000; K – 12	Less than 40,000 Multi-BOCES One supervisor
		Eligible for BOCES service, but large enough to support at least one teacher, Speech and Hearing Handicapped	40,000 Single BOCES One supervisor
		1 Supervisor per 18-22 teachers	40,000 plus Single BOCES with multi-staff One-plus supervisor
		Total student population of participating districts should be no more than 36,000 per supervisor	
B.	JOB QUALIF-ICATIONS	Similar to Model 1.	Similar to Model 1.
C.	TASKS IN-VOLVED IN POSITION	Noted in Appendix A	Planning, developing, managing, supervising and evaluating the speech, hearing and language program; coordinating this program for all participating districts; continuous redefinition of program in terms of changing needs.
D.	DECISION MAKING PROCESS	Supervisor has the responsibility of making recommendations to the chief school officer of each participating district for the initiation, implementation, research and evaluation and supervision of programs in accordance with the aforementioned Guidelines (Appendix A) to meet the needs of language, speech and hearing handicapped school children within the participating districts.	Must be a two-way process with each level of the educational structure contributing and receiving imput re: programs. Basic educational policy is determined by component school districts and chief administrators of BOCES programs. Speech, hearing and language supervisor prepares a program in accord with this policy and with the highest standards of speech pathology and audiology and submits it to the administration for approval. Program then implemented by speech staff to fit needs in their individual schools.

		MODEL 2	MODEL 3
E.	ADMINISTRATIVE STRUCTURE - ACCOUNTIBILITY	Supervisor will be directly responsible to the Chief school officers of each participating district, and the Chief School Officer of the Contractor of Services. Guidelines for supervisory service should be provided by the Bureau for Physically Handicapped Children.	State Education Department Superintendent — Component Districts Board of Education Speech Supervisor Teachers - speech, hearing, language handicapped. In a multi-BOCES setting, one superintendent takes primary responsibility for program, depending on area policy.


Chief School District Officers
Bureau for Physically Handicapped Children
District that elects to coordinate supervision
Supervisor
* T T T T T T T T T T
T T T T T T T

* – Teacher of Speech and Hearing Handicapped

Each teacher has dual responsibility – to own district and to Supervisor of Program

F.	BUDGET	Payment of Overhead and salaries (supervisor and secretary) will be assumed by the hiring school district. However, total cost will be divided by the number of supervised teachers and charged back to member districts, according to the number of speech teachers in that district.	The speech, hearing and language supervisor should design ideal program to meet the needs of children in area supervised. This program is submitted to the Superintendent for approval. The cost of the program is determined and budget submitted for approval by BOCES and the component districts.
G.	TIME LINE	Previously noted – the same for Models 1, 2 and 3. (See Page 19)	

Discussion:

All models seem to be in agreement in the concept of supervision as service to the teacher and to the program, to the philosophy and specifics of the job qualification and of the tasks involved. Participants who developed models 1 and 3 agreed that budget must be based on program planning and evaluation. Differences are noted, of course, in the population base, as the groups were roughly divided by this criterion. Even so, models 2 and 3 are comparable with BOCES (model 3), adding the additional concept of one supervisor plus a partial supervisor for the single BOCES with multi-staff serving 40,000 plus students.

Accountability varies in each of the models. In model 2, each district hires its own speech teachers and has its individual programs. Each teacher in this model will be responsible to his or her own district, as well as to the supervisor shared by the consortium of districts. We are reminded that the funding of educational programs at present is to a large extent met by tax levies in each school district and determined by each school district board.

Suggestions:

Several suggestions evolved from group discussions with a request for appropriate implementation:

1. That a pilot project be funded under available federal or state funding. This project would involve the cooperative efforts of several school districts to cooperatively hire a Supervisor for speech, language and hearing programs in these districts.

   Regional Supervisory Areas are to be created in two pilot projects. Basis for programs, as geographic, number of teachers supervised, number of school districts involved must be studied to determine workable variables. Supervisors of the pilot projects should participate in the evaluation of projects.

2. The State Education Department should establish a policy of funding such programs on an area basis (with the exception of the large cities). With area based programs, each component or co-operating district, or BOCES (if multi-BOCES MODEL) would describe its goals and aspirations. Appropriate staff and program could be developed to accomplish these. Staff employed and leadership provided on an area basis identify with each other, comprehensive services can be planned that allow for allocation of special expertise, experimentation, demonstration, evaluation, dissemination. Fragmented planning in small segments would seem less effective in responding to the total communicative needs of our children. Implementation of this concept under Model 3 might involve reinterpretation of the student population base constraints for BOCES.

3. That pertinent material from this Study Institute particularly the concept of Supervision as service to the teacher with emphasis on the positive aspects of supervision should be published in such a manner to best reach the teachers of the speech and hearing handicapped in New York State schools.

EVALUATION:

The attached evaluation sheet was distributed during the final session of the Institute. Of 23 respondents, 20 felt the Institute very helpful professionally, 3 felt it somewhat helpful. Seventeen respondents felt the format did help the group develop the models for supervision, 6 felt that the format helped somewhat. The majority of the added comments indicated a positive feeling on the part of the participants toward the planning and execution of the Institute.

This institute was innovative in its attempt to bring together supervisors of speech and hearing programs, and administrators from school districts and BOCES throughout the State to work toward possible models for supervision of speech, language and hearing programs.

Minor editorial changes have been made by the faculty staff in the presentation of the above models. Also, because of the many similarities, the groups developing Models 3 and 4 combined their efforts into the single Model 3.

EVALUATION

SPECIAL STUDY INSTITUTE-----MANAGEMENT & SUPERVISION OF PROGRAMS FOR SPEECH AND HEARING HANDICAPPED, Syracuse, New York. May 19, 1973

1. Do you feel that the format of this Institute helped us to reach the objective of developing models?

   ☐ Yes ☐ No ☐ Somewhat

2. Do you feel that this experience was valuable to you professionally?

   ☐ Yes ☐ No ☐ Somewhat

3. Please rank order the following input from most valuable to least to accomplish our task.

   ☐ Summary sessions

   ☐ Financial aspects

   ☐ Supervision and Administration of Speech & Hearing Programs

   ☐ Certification

   ☐ Public School Supervision Administrative View

   ☐ Group sessions for model development

   ☐ Advanced college preparation

4. Please comment about accomodations during the Institute.

5. Additional comments about aspects of this Institute.

APPENDIX A

The following lists are based on materials formulated by Mrs. Elizabeth L. Johns, Schools Committee, and School Affairs Office, ASHA

ADMINISTRATIVE RESPONSIBILITIES INCLUDE:

1. Developing in conjunction with staff and administration, needs, goals and measurable objectives for evaluation of the program.
2. Collecting appropriate data for program and case management.
3. Assisting in recruitment of speech, language, hearing clinicians, if requested by the Chief School officer.
4. Utilizing specific skills and talents of staff members where they will have the greatest impact on the total program.
5. Assuming a leadership role with the staff in implementing guidelines appropriate for the program in identifying, diagnosing and evaluating, scheduling, referrals, case selection, case termination.
6. Working with school administrators in securing adequate housing for programs.
7. Cooperating with district personnel to prepare and disseminate information regarding the speech, language and hearing program to school personnel, public and private agencies, community, and the profession.
8. Consulting with participating teachers in preparation of program requests, materials, supplies and equipment.
9. Recommending to Chief School officer appropriate conference attendance by Speech and Hearing staffs.

CONSULTATIVE RESPONSIBILITIES INCLUDE:

1. Observing and evaluating clinicians often enough to make competent appraisals.
2. Discussing and demonstrating methods of improving direct services.
3. Serving as a resource person to clinicians with difficult diagnostic and remedial cases.
4. Acting as a resource person for the teacher of speech and hearing handicapped in parent counseling and in local curriculum development.
5. Further encouraging professional interests, talents, and leadership potential of individual staff members.

PROGRAM DEVELOPMENT RESPONSIBILITIES INCLUDE:

1. Utilizing the findings of relevant research in the continuing development of the program.
2. Developing programs for pre-school children with speech, language or hearing problems.
3. Encouraging, implementing, and evaluating innovative programs to meet the needs of communicatively handicapped children.
4. Developing and implementing in-service training for clinicians, classroom teachers, administrators, other school personnel and parents.
5. Encouraging and implementing research projects based on needs and utilizing the special skills or interests of the clinical staff.
6. Providing for continuous evaluation of the total speech, language and hearing program.

7. Encouraging each teacher of the speech and hearing handicapped to use school and community resources in the provision of comprehensive services for communicatively handicapped pupils.

8. Making available current information about materials and equipment which may enrich the program (Video-tape, voice display equipment, amplifying units, language masters, etc.)

9. Disseminating information from professional organizations and conferences to staff members and other school personnel for the purpose of upgrading services to pupils through informed staff.

EPILOGUE

I thank all of you for your participation in this Study Institute.

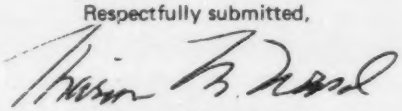
I most of all thank Dr. Beatrice Jacoby for her professional devotion and vision in planning at least two years ago to procure State Education Department support and federal funds for this project. We owe this Special Study Institute to her commitment to constantly improve programs to bring the best of speech, language, and hearing service to all school children with communicative handicaps.

Your reactions have informed us that in spite of snow, rain, sleet, etc., you all felt the Institute professionally worth your time and energy. Many comments were written on the excellence of all our speakers and on the worth of group sessions.

I am certain we will continue working on our objectives, whether future meetings are formal or informal we will move toward our next steps.

It was a pleasure to work for and with you. Thank you.

Respectfully submitted,



Marion M. Ward, Director
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